

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31125**BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 423

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (In this place) 37 YRS	c. CITY OR TOWN JOPLIN
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 520 EMPIRE	

3. NAME OF DECEASED (Type or Print)	a. (First) CLARENCE	b. (Middle) WALTER	c. (Last) THOMAS	4. DATE OF DEATH (Month) (Day) (Year) SEPT 20 1956
--	-------------------------------	------------------------------	----------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 6, 1887	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-----------------------	----------------------------------	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RY EXPRESS MAN	10b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION	11. BIRTHPLACE (City and State or Foreign Country) HARTSHORNE, OKLA U. S. A.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	--	--	---

13a. FATHER'S NAME JOHN THOMAS	13b. MOTHER'S MAIDEN NAME LOUISE WYDICK	14. NAME OF HUSBAND OR WIFE EDITH THOMAS
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME JAMES THOMAS	ADDRESS JOPLIN
---	--------------------------------------	--	--------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH Onset--- 6/26/56
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		?
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1956, to 9/20, 1956, that I last saw the deceased alive on 9/20, 1956, and that death occurred at 9:50 PM, from the causes and on the date stated above.

23a. SIGNATURE <i>Shirley H. Frank</i>	(Degree or title) M. D.	23b. ADDRESS 420 Byers Avenue	23c. DATE SIGNED 9/24/56
---	-----------------------------------	---	------------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE SEPT 24 1956	24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEM.	24d. LOCATION (City, town, or county) (State) JOPLIN MO
--	----------------------------------	---	---

DATE REC'D BY LOCAL REG. 9-24-56	REGISTRAR'S SIGNATURE <i>Noelle Merriam</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Shirley H. Frank</i>	ADDRESS <i>Shirley H. Frank</i>
--	--	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 5678
Date Filed OCT 1 1956

OCT 15 1956

OCT 8 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul Brown*

Licensed Embalmer No..... *457*

P. O. Address..... *Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.